

Other Continuing Education

For: _____
(Applicant name)

Date: _____

(Applicants are requested to submit this form if claiming continuing education that does not fall within categories listed in Gal 403.03)

1. Description of Activity:

2. Has this activity been approved for continuing education credit under Gal 403.05 and Gal 403.06? Yes ☐ No ☐

Note: Board approval is required to utilize activities not listed in Gal 403.03 for continuing education credit.

3. i. If the applicant answered YES to Question 2, what was the date of the approval?

ii. If the applicant answered NO to Question 2, has applicant submitted a request for approval as described at Gal 403.06?

Yes ☐ No ☐